page with the full list of names.)

with the full list of names.)

## UNITED STATES DISTRICT COURT

for the District of Division Case No. (Write the full name of each plaintiff who is filing this complaint. Jury Trial: (check one) If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional (Write the full name of each defendant who is being sued. If the

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MAR 12 2002	
CERUS OFFICE Gree Ast Coun	7
NAIT PILIE	
in by the Clerk's Office)	
Yes No	

COMPLAINT FOR A CIVIL CASE

#### I. The Parties to This Complaint

#### The Plaintiff(s) A.

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Plaintiff(s)

Defendant(s)

names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	Sat woolen
Job or Title (if known)	Corrotheral Sat
Street Address	2465 VS 70 West
City and County	Sonethfield N.C. 27577
State and Zip Code	V
Telephone Number	
E-mail Address (if known)	
Defendant No. 2	1 604 7
Name	officer Lingerian
Job or Title (if known)	11 Correctional officer
Street Address	2465 V5 10 West
City and County	Smith field
State and Zip Code	<i>V, 'C</i> ,
Telephone Number	
E-mail Address (if known)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
· Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
F-mail Address (if known)	

### II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is	_	s for fed 1 questic	leral court jurisdiction? (check all that apply)  on Diversity of citizenship	
Fill out	the parag	graphs i	n this section that apply to this case.	
A.	If the B	asis for	Jurisdiction Is a Federal Question	
	List the are at is	specific sue in th	federal statutes, federal treaties, and/or provisions of the United Statistics.	tes Constitution that
В.	If the B	asis for	Jurisdiction Is Diversity of Citizenship	
	1.	The Pla	intiff(s)	
		a.	If the plaintiff is an individual  The plaintiff, (name) Wreye M. Borrott  State of (name)	, is a citizen of the
		b.	If the plaintiff is a corporation  The plaintiff, (name)	, is incorporated
		•	and has its principal place of business in the State of (name)	
		(If more	e than one plaintiff is named in the complaint, attach an additional paformation for each additional plaintiff.)	page providing the
	2.	The De	efendant(s)	
		a.	If the defendant is an individual  The defendant, (name)  the State of (name)  (foreign nation)	_, is a citizen of Or is a citizen of

b.	If the defendant is a corporation	
	The defendant, (name)	, is incorporated under
	the laws of the State of (name)	and has its
	principal place of business in the State of (name)	
	Or is incorporated under the laws of (foreign nation)	
	and has its principal place of business in (name)	3
(If mor same i	e than one defendant is named in the complaint, attach an additi nformation for each additional defendant.)	onal page providing the
The A	mount in Controversy	
The an	nount in controversy—the amount the plaintiff claims the defendance is more than \$75,000, not counting interest and costs of court, be	nt owes or the amount at cause (explain):

### III. Statement of Claim

3.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiffs rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Lost personal preparty

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

### V. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	
Signature of Plaintiff Printed Name of Plaintiff	DWAYNE M. BENNET
For Attorneys	
Date of signing:	
Signature of Attorney	
Printed Name of Attorney	
Bar Number	
Name of Law Firm	
Street Address	
State and Zip Code	
Telephone Number	
E-mail Address	

STATE OF NORTH CAROLINA COUNTY OF CHILDRA	Α	FFIDAVIT	
Dwayne Michael	Bennett	, being duly sworn, depose	s and says:
1. My name is DWAYNE MICHAEL		10.00	
, ,,	in St. Greensbo	N.C. and my mailing address is	
"same as above".	(See requirer	ments on p. 2 regarding change of mail	ing address)
3. I hereby file a claim against and its mailing address is	ton Correctiona 70 West Smith	L Institution County Board of Education) Hield, N.C. 27577	<del></del>
4. I have been damaged in the amount of \$ 250,00	by reason of the ne	gligent conduct of the employee/agent	th.
named here Sgt. Wooten / O (Name(s) of negligent employee/agent	fficer L. Him	•	·
5. The injury or accident giving rise to this claim occurr 3465 US 70 V (Johnston Cty, NC) Smithfield, N	VEST (Print Name of Co	unty and Exact Location Where Accident O	Courred)  (Time)
6. The injury or property damage occurred in the follow	ing manner: Withe	F Statement of What Happened, Witness Na	ames, etc.)
I, Dwayne M. Bennett, br Office to have it Sent to He had Officer L. Hinton	ought my pers my sister hous to fill-out a	sonal property to S e in Fayetteville, N.C DC -180 form which	gt. Wooter
personal property inventory nor received and the facility	ty is denying have the PC	perty was never sent the knowledgement	of er
Stating that my property will	is received linve	ntory.	
7. The damages claimed above consist of I Hr	oly Bible 3 books I bag of photo(Itemize F (Family	s, a dictoranes, l'Assortec Repair Bill, Medical Bills, etc.)	l hygiene,
-I requested to be reimburseme	ent financially in	n the amount of \$250	0,000.
for neglect, mental, emotional,	and lost of phx	otos that can't be re	<u>placed</u>
*NOTARIZATION IS MANDATORY			(D-t-)
(Signature of Clain	nant) (E	mail address)	(Date)
Subscribed and sworn to before me this			12
Signature and Seal of Clerk of Court or Notary Public	My Commission	Expires	
FILE TWO COMPLETE COPIES WITH THE IND	USTRIAL COMMISSION AN	D SEE FILING FEE REQUIREMENTS	ON P. 3

ATTORNEYS: FILE WITH AN IC FILE NUMBER VIA EDFP HTTP://WWW,IC.NC.GOV/DOCFILING.HTML OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS.

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER

RALEIGH, NC 27699-1236

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430 NORTH SALISBURY STREET

RALEIGH, NC 27603

FORM NCIC-T-1 03/2021 PAGE 1 OF 3

FORM T-1

**CLAIM FOR DAMAGES UNDER TORT CLAIMS ACT** 

D

ME:/	7 TIYIC 11.	Bern	ctl	OPUS#	71113	FACILITY:	1	DATE: /	1-26-2
sfer-In	Transfer-Out	Search	Dorm-to-Seg.	Out-to-Court	Add to Inventory	Other:			
		MAILED TO:					DISPOSIT	ION	
E; 37,	coup L	Ben	150 /1			)=CONTRABAND	(M)=MAILED		
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/ STATE /	ZIP Fright	land	L. N.C. 2	8314					
s: Desc	cription (Detailed ar	nd complete in	clude condition)	F=Fair <b>G</b> =Good	P=Poor N=New				
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L. 1 . 13 . 11 . 14 . 4 Officer's Signature / Date Officer's Name (Print) I acknowledge the accuracy and completeness of this inventory. 1171414 **OPUS Number** Offender Signature

I certify that I have received the above listed articles of personal property in the condition specified.

DISTRIBUTION:

WHITE - FACILITY FILE BLUE - PROPERTY / UNIT FILE YELLOW - OFFENDER COPY



Roy Cooper, Governor

Todd E. Ishee, Secretary

## Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023	PARKS, JAMES D.
Date Date	Staff Electronic Signature
(A) Agree with grievance response	(B) Appeal to Step Two (24-hour limit)
11/17/233	Discourse M. Bennott
Date	Inmate Signature
Date	Witness Signature (optional)
cc: CTS	

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402





Roy Cooper, Governor

Todd E. Ishee, Secretary

## Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023	WILLIAMS, JUSTIN P
Date	Staff Electronic Signature
(A) Agree with grievance response	(B) Appeal to Secretary, DAC (24-hour limit)
12/8/23	Owange M. Bennett
Date	Inmate Signature
	x a
Date	Witness Signature(optional)

cc: CTS

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402



DC-160 Rev. 09/20

## PRISONS PERSONAL PROPERTY INVENTORY

N	AME: Duringe 11.	Benne	M	OPUS#	7	1013	FAC	CILITY:	4230	DATE: /	0-26-23
-	nsfer-In Transfer-Out	Search	Dorm-to-Seg.	Out-to-Court	1	Add to Inventory	Ot	ther:			
		MAILED TO:							DISPOSITIO	ON	
NA	NAME: Service (C)=CONTRABAND (M)=MAILED										
AD	ADDRESS: 522- Warthunberland CT. APT 2 (1)=IN OFFENDER'S POSSESSION (D)=DONATE										
CIT	YISTATEIZIP Fayell	Leville	2 N.C. 28	314							
	ms: Description (Detailed and			Fair <b>G</b> =Good	P	=Poor N=New					
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Ļ	ertify that all personal prope	and a log Ala a series	associon of the ob-	vo offender has	hor	an listed on this in	Went	ory with	the description	on and dispos	ition correctly stated
I Ce			SSESSION OF THE ADO	ve ollender nas	DEC	on noted on this h	(	73		and diopos	
-	Officer's Name (	(Print)						Officer	's Signature	/ Date	
	l acknowledge the accu			#10	7	1013			10/26 Date	123	
	Offender Signature			OPU	3 N	lumber			Date	,	
	certify that I have received	the above lis	ted articles of perso	nal property in th	ne c	ondition specified					

WHITE - FACILITY FILE BLUE - PROPERTY / UNIT FILE YELLOW - OFFENDER COPY

DISTRIBUTION:

Offender Signature / Date

# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY PRISONS ADMINISTRATIVE REMEDY PROCEDURE

Offender Name: Durigne M. Borgott Offender #: Offender #:
Location: New Hanever corr conter. Date: 11-10-23
Grievance Statement: 101 10-26-23 while boung housed at johnsen
Corr inst, I filled out a personal proporty request to
have my porsenal property sont hime to my sister stacong
Benett which a D.C. 160 peror was filled ont finuarlarised.
2 10 10 as at this Date my proporty hasn't arrived or wa
Dent as ap this Date my proporty hasn't arrived or wa
DENT COSTA PLANTACION
What remedy would resolve your grievance?: for my sister to receive The
what remedy would resolve your grievance:
proporty which was requested to be sent to her A.S.A.
Offender Signature: Dutupie M. Bennett
C10
OFFICIAL USE
and the composition of the contract of the con
Date received: 15/25  Receiving Officer Signature  Staff ID
Facility #: $\frac{4230}{9}$ Year: $\frac{2023}{9}$ Housing #: $\frac{3023}{9}$ Sequence #: $\frac{23243}{9}$

Distribution: White - Facility Copy; Pink - Offender Copy

STATE OF NORTH CAROLINA COUNTY OF CHILDRO	AFFIDAVIT	
```` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dannalt	
DWayne Michael (Print Name of Claiman	bennett , being duly sworn, deposes and says:	
1. My name is 1) WOUNC MICHAEL R	bennett	
2. I live at 407 EAST Washingston	St. Greensborg, N.C. and my mailing address is	
"same as above".	(See requirements on p. 2 regarding change of mailing address)	
3. I hereby file a claim against <u>Johnsto</u>	on Correctional Institution	_
and its mailing address is <u>2465 US 7</u>	O West Smithfield, N.C. 37577	
4. I have been damaged in the amount of \$ 250,00	by reason of the negligent conduct of the employee/agent	
	ficer L. Hinton	
(Name(s) of negligent employee/agent)		
5. The injury or accident giving rise to this claim occurre	d at Constant Correctional Institution (Print Name of County and Exact Location Where Accident Occurred)	V
(Johnston Cty, NC) Smithfield, N.	C. 21570n October 26th 2023 Ilam-2 pm M.	
6. The injury or property damage occurred in the following	(Month) (Day) (Year) (Time)  ng manner: Withess Officer Duffy	\
2 0	(Give BRIEF Statement of What Happened, Witness Names, etc.)	<u> </u>
I Diwayne M. Bennett bro	ought my personal property to Sgt. Woo	C
He had Afficer I Hinton to	a fill-out a DC -180 form which is a	i
personal property inventory	form. My oppoerty was never sent	•
nor received and the facility	v is denving the knowledgement of	
my property even though I	have the DC-180 with the Officer	-
Stating that my property wa	s received linventory.	-
7. The damages claimed above consist of	bag of photo(Itemize Repair Bill, Medical Bills, etc.)	<u>2</u> ,
WITH I	(ramy)	
I requested to be reimbursement		_
for neglect, mental, emotional, c	and lost of photos that can't be replaced.	_
*NOTARIZATION IS MANDATORY		
(Signature of Claima	ant) (Email address) (Date)	7
Subscribed and sworn to before me this d	ay of	
Signature and Seal of Clerk of Court or Notary Public	My Commission Expires	
FILE TWO COMPLETE COPIES WITH THE INDU	STRIAL COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3	_

ATTORNEYS: FILE WITH AN IC FILE NUMBER VIA EDFP

HTTP://WWW.IC.NC.GOV/DOCFILING.HTML OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS.

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

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RALEIGH, NC 27603

FORM NCIC-T-1 03/2021 PAGE 1 of 3

FORM T-1

**CLAIM FOR DAMAGES UNDER TORT CLAIMS ACT** 

DC-160 Rev. 09/20



# PRISONS PERSONAL PROPERTY INVENTORY

NAME	Larryse M.	Bereit	atl	OPUS# /	11/13	FACILITY:		DATE: /	1-26-43
Transfer-li		Search	Dorm-to-Seg.	Out-to-Court	Add to Inventory	Other:			
		MAILED TO:					DISPOSIT	ION	
NAME:	Treces L.	Ben,	47		(S)=STORED (C)	=CONTRABAND (	M)=MAILED		
ADDRESS	1000		bealon	d 07. 11/2	(I)=IN OFFENDER'	S POSSESSION (	D)=DONATE		
	ATEIZIP Fright			28314					
	Description (Detailed an			I⁼=Fair <b>G</b> =Good <b>P</b>	=Poor N=New				
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							<u> </u>		lition comments state
I certify	that all personal prop	erty in the p	ossession of the	above offender has be	en listed on this	inventory, with	tne descrip	otion and dispo	smon correctly state
	L. Hallow	<b>V</b>					1- Olassa - 4	- / Data	
-	Officer's Name	(Print)				Officer	's Signatu	e / Date	
	I acknowledge the acc	uracy and co	ompleteness of th	nis inventory.	1017		11/1	1193	
	Offender Signature	121. 1	Jane (	# /6 /	/(// / Number	,	Date Date	411	
, ,	Offender Signature			UPUS	Nullibel			,	
Loor	tify that I have received	d the above l	isted articles of p	ersonal property in the	condition specifie	ed.			

DISTRIBUTION:

WHITE - FACILITY FILE BLUE - PROPERTY / UNIT FILE YELLOW - OFFENDER COPY Offender Signature / Date



Roy Cooper, Governor

Todd E. Ishee, Secretary

Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023	PARKS, JAMES D.
Date	Staff Electronic Signature
(A)Agree with grievance response	(B) Appeal to Step Two (24-hour limit)  (B) Mean Market Benneth Inmate Signature
Date	Witness Signature (optional)
cc: CTS	

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402





Roy Cooper, Governor

Todd E. Ishee, Secretary

Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023	WILLIAMS, JUSTIN P
Date	Staff Electronic Signature
(A) Agree with grievance response	(B) Appeal to Secretary, DAC (24-hour limit)
12/8/23	Owenje M. Bannett
Date	Inmate Signature
Date	Witness Signature(optional)

cc: CTS

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402



# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY PRISONS ADMINISTRATIVE REMEDY PROCEDURE

Offender Name: A 2120 1924 D1	Bernett	
Location: Adam Man	and the	Date:
Grievance Statement:	16-23 while be	an housed at jakouses
	exta personal	
Lace my no small pr	egicity sout he	m To my Stiles Macy
Benett which a D.C.	160 form now	julled out fine Toring
had as of this da	1/2 my pa-is itu	hasn't amund or a
Sof as acousted		
k		
	×	
What remedy would resolve your grievand	ser: PA 2 2021/ Si	stea Le Milliege The
Dr. Or Ty 20 Ach 217		Le Dent To her House
Frank Land Committee	See Approximate Co.	- L
Offender Signature:	Dr. Bewett	
Offender Signature.	Ac.	
	OFFICIAL USE	
	· · · · · · · · · · · · · · · · · · ·	N 0 3 2 2
Date received:	Receiving Officer Signatur	e Staff ID
Facility #: Year:	Housing #:	Sequence #:
Distribution: White - Facility Copy; Pink - Offender C	Сору	

STATE OF NORTH CAROLINA COUNTY OF CHIHORO	_	AFFIDA\	/IT	
Dwayne Michael  (Print Name of Clair	Bennet	<u> </u>	, being duly sworn, deposes and say	s:
1. My name is <u>DWAYNE MICHAEL</u>	Bennett		DOUGL	
	ion St. Gr	reensboro, N.C.	d my mailing address is	_
"same as above".	(;	See requirements on p	. 2 regarding change of mailing addres	is)
3. I hereby file a claim against Johns	ston Corre	CHIONAL IN: te Agency or County Boa	Stitution rd of Education)	
and its mailing address is <u> </u>	70 West	Smithfield,	N.C. 21511	
4. I have been damaged in the amount of \$ \( \frac{250}{100} \)	DOC by reas	11.7	duct of the employee/agent	
named here OGT WOOTEN (Name(s) of negligent employee/ag	ent)	HINTON		<b>_</b> ·
5. The injury or accident giving rise to this claim occu 3465 US 70 (Johnston Cty, NC) Smithfield, I	west Jo	t Name of County and Ex.  OCTOBER 6  (Month) (Day	ectional Institution act Location Where Accident Occurred)  Octobro 2023  I Am - 2 pm (Year)  (Timle)	<u>Э</u> Д м.
6. The injury or property damage occurred in the follows:	owing manner:	Withess O	of What Happened, Witness Names, etc.)	
I Dwayne M. Bennett b	rought m	y personal	property to Sgt. Wa	oder
He had Officer L. Hinton	to fill-01	it a DC-18	form which is a	
personal property inventor	ry form. A		was <u>Neversent</u> Chowledgement of	
my orderty even though	T have +	ne BC-18D	with the Officer	
Stating that my property w	ias receive	dinventory		
7. The damages claimed above consist of $\frac{1}{\alpha r_{10}}$	Holy Bible, 3 I I bag 07 ph	3 books, 2 die ofo(Itemize Repair Bill, M	ctoranes, I Assorted hygie Medical Bills, etc.)	<u>2ne</u> ,
I requested to be reimbursen for neglect, mental, emotional	nent finan , and last	cially in the o	21110UTH OT 4050,000.	1.
*NOTARIZATION IS MANDATORY				
(Signature of Cl	aimant)	(Email address	(Da	ite)
Subscribed and sworn to before me this			·	
Signature and Seal of Clerk of Court or Notary Publ	lic	Commission Expires	- F	-
FILE TWO COMPLETE COPIES WITH THE IN	IDUSTRIAL COMM			
			TH AN IC FILE NUMBER VIA EDFP DV/DOCFILING.HTML OR	

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS. PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

FORM NCIC-T-1 03/2021 PAGE 1 OF 3

FORM T-1

**CLAIM FOR DAMAGES UNDER TORT CLAIMS ACT** 

# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY PRISONS ADMINISTRATIVE REMEDY PROCEDURE

Offender Name: 16 2476 478 17).	Berry II	Offender #:
Location: Add All Marie Land		Date:
Grievance Statement: 600 10-2	16-23 while be	ing herised at juhoses
" Consinst & filled on		r/
		are to my sister string
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	and the second s	
8		
Offender Signature:	122 Bennett	
Citefical organical of	141.	
	OFFICIAL USE	
Date received:	Leid will	1.1/0
	Receiving Officer Signatu	ire Staff ID
Facility #: Year:	Housing #:	Sequence #:
Diaribusian White Facility Conv. Pink - Offender (	CODY	

DC-160 Rev. 09/20

#### **PRISONS** PERSONAL PROPERTY INVENTORY

NAME:/	7. Tryle A	1. Ben,	ett	OPUS#	711/3	FACILITY:	DATE:	11-26-2
ransfer-In	Transfer-Out	Search	Dorm-to-Seg.	Out-to-Court	Add to Inventory	Other:		
		MAILED TO:				DISPOSI	TION	
AME: 1	recept	Ben	11			)=CONTRABAND (M)=MAILED		
DDRESS:	22-10	Chien	checken	d of 1712	(I)=IN OFFENDER	'S POSSESSION (D)=DONATE		
TY / STATE	IZIP Forge	Mondell	c N.C. ,	28319				
	cription (Detailed				P=Poor N=New			
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rtify that	all personal pro	perty in the po	ssession of the	above offender has be	een listed on this	inventory, with the descrip	tion and dispos	sition correctly s
rany and						J. Ly		7
	Officer's Name	(Print)				Officer's Signatur	e / Date	
		1000		G. Terrandania				
			mpleteness of th		11/12	11/2	6/22	
Offe	nder Signature	1/11 /	General 1	# / OPUS	Number	Date	1 and	
50	/							

I certify that I have received the above listed articles of personal property in the condition specified.

DISTRIBUTION:

WHITE - FACILITY FILE BLUE - PROPERTY / UNIT FILE YELLOW - OFFENDER COPY Offender Signature / Date

Roy Cooper, Governor

Todd E. Ishee, Secretary

### Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023	PARKS, JAMES D.
Date	Staff Electronic Signature
(A) Agree with grievance response    Agree   Agre	(B) Appeal to Step Two (24-hour limit)  (B) Appeal to Step Two (24-hour limit)  (B) Appeal to Step Two (24-hour limit)
Date	Witness Signature (optional)
cc: CTS	

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402





Roy Cooper, Governor

Todd E. Ishee, Secretary

#### Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023	WILLIAMS, JUSTIN P
Date	Staff Electronic Signature
(A) Agree with grievance response	(B)Appeal to Secretary, DAC (24-hour limit)
12/8/23	Owenge M. Bennett
Date	Inmate Signature
Date	Witness Signature(optional)

cc: CTS

MAILING ADDRESS: P. O. BOX 240 WILMINGTON, NC 28402



STATE OF NORTH CAROLINA COUNTY OF	AFFIDAVIT				
(Print Name of Claimant)	, being duly sworn, deposes and says:				
1. My name is					
2. I live at	and my mailing address is				
	(See requirements on p. 2 regarding change of mailing address)				
3. I hereby file a claim against	(State Agency or County Board of Education)				
and its mailing address is					
4. I have been damaged in the amount of \$ b	y reason of the negligent conduct of the employee/agent				
named here(Name(s) of negligent employee/agent)					
5. The injury or accident giving rise to this claim occurred at	(Print Name of County and Exact Location Where Accident Occurred)				
6. The injury or property damage occurred in the following manner	(Month) (Day) (Year) (Time)				
7. The damages claimed above consist of	(Itemize Repair Bill, Medical Bills, etc.)				
*					
NOTARIZATION IS MANDATORY  (Signature of Claimant)	(Email address) (Date)				
Subscribed and sworn to before me this day of					
	My Commission Expires				
Signature and Seal of Clerk of Court or Notary Public	COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3				

ATTORNEYS: FILE WITH AN IC FILE NUMBER VIA EDFP

HTTP://WWW.IC.NC.GOV/DOCFILING.HTML OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS. PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

FORM NCIC-T-1 03/2021 PAGE 1 OF 3

FORM T-1

**CLAIM FOR DAMAGES UNDER TORT CLAIMS ACT** 

## **Dental Resources for Medicaid and Non-Insured**

#### Silva & Silva DMD

1505 W Gate City Blvd Greensboro, NC 27403 (336) 510-2600 Accepts Medicaid Self-Pay Welcome

## Neighborhood Dental

104 W. Northwood St. Greensboro, NC 27401 336-272-8087 Accepts Medicaid Self-Pay Welcome

## Dr. James McMasters & Dr. Eric Sadler

1037 Homeland Ave. Greensboro, NC 27405 336-272-0132 Accepts Medicaid Self-Pay Welcome

## Dr. Stacy Greene

709 E. Market St. Greensboro, NC 27401 336-691-8084 Accepts Medicaid

## **GTCC** Dental Department

601 East Main St Jamestown, NC 27282 336-334-4822 ext. 50251 Call for availability

Forsyth Tech Dental Education Clinic 336-734-7550 Call for availability